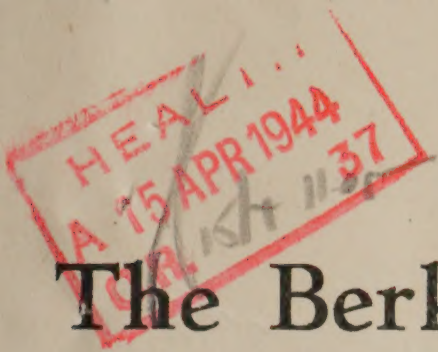




The Berks, Bucks and Oxon Regional Hospitals Council



Report of the Sub-Committee on the Ophthalmic Services in the Region

*Submitted to the Medical Advisory Committee on
25th November, 1943, and by that Committee to the
Berks, Bucks and Oxon Regional Hospitals Council
on 3rd December, 1943.*

COMPOSITION OF THE SUB-COMMITTEE.

The Sub-Committee was appointed by the Medical Advisory Committee on 5th September, 1941.

The members were:—

Squadron-Leader G. T. WILLOUGHBY CASHELL,
M.B., B.S. (Lond.), F.R.C.S. (Edin.);
Royal Berkshire Hospital.

Major J. H. GURLEY, O.B.E., M.R.C.S., L.R.C.P.;
King Edward VII Hospital, Windsor.

A. C. L. HOULTON, Esq., M.A., M.B., B.CH. (Cantab.), D.O. (Oxon), D.O.M.S.;
Oxford Eye Hospital.

Miss IDA MANN, M.A., D.SC. (Lond.), M.B., B.S., F.R.C.S. (Eng.).
Oxford Eye Hospital; Margaret Ogilvie Reader in Ophthalmology.

H. RIDLEY, Esq., M.A., M.B., B.CH. (Cantab.), F.R.C.S. (Eng.);
Royal Buckinghamshire Hospital, Aylesbury.

Squadron-Leader G. T. W. Cashell was Convener of the Sub-Committee and the Secretary of the Sub-Committee was Mr, G. Watts, F.H.A. (Secretary, The Berks, Bucks and Oxon Regional Hospitals Council).

The Sub-Committee's terms of reference were

“To make a survey of Ophthalmic Services and Orthoptic Clinics in the region and to report thereon to the Medical Advisory Committee.”

MEDICAL ADVISORY COMMITTEE.

Chairman: Professor G. E. GASK, C.M.G., D.S.O., F.R.C.S. (Eng.).

Vice-Chairman: G. C. WILLIAMS, Esq., O.B.E., M.A., M.R.C.S., L.R.C.P. (Lond.),
D.P.H.

Hon. Secretary: A. H. T. ROBB-SMITH, Esq., M.A. (Oxon.), M.D. (Lond.).

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Report of the Sub-Committee appointed by the Medical Advisory Committee of the Berks, Bucks and Oxon Regional Hospitals Council to survey and report upon the Ophthalmic Services and Orthoptic Clinics in the Region

The Sub-Committee has completed its survey and now presents the following report:—

PART I

SUMMARY OF EXISTING OPHTHALMIC SERVICES.

(Throughout this report O = Oxford Division, R = Reading Division, and B = Bucks and East Berks Division.)

	O <i>Oxford Eye Hospital</i>	R <i>Royal Berks Hospital Reading</i>	B <i>King Edw. VII Hosp. Windsor</i>	B <i>Royal Bucks Hospital Aylesbury</i>
1. Regional and Key Hospitals.				
<i>(a) Ophthalmic Medical Personnel.</i>				
Honorary Surgeons	2	1	2	2
Honorary Physicians	2	—	—	—
Clinical Assistants (part-time) ..	2	4	4	1
Allergists	1	—	—	—
House Surgeons	2	$\frac{1}{2}$	$\frac{1}{2}$	$\frac{1}{2}$
<i>(b) Out-Patients.</i>				
No. of Hospital Clinics (per week)	4	2	4	1
Clinics for insured and other patients at 10/6	Yes	Yes	Yes	Under consideration
Facilities for consultations at £1 is. od.	Yes	No	Yes	Yes
Facilities for consultations at full fees	Yes	No	Yes	Yes
No. of Out-Patients 1940	3,184	1,172	1,498	598
No. of attendances 1940	16,068	(Not recorded)	6,140	1,489
<i>(c) In-Patients.</i>				
No. of beds in General Wards ..	30	21	9	10
No. of beds for paying patients ..	5	(None spec. allocated)	(None spec. allocated)	—
No. of patients admitted in 1940:				
General Wards	467	308	140	55
Private Wards	39	No record	No record	—
No. of cases on Waiting List 1942:				
Male	52	35	5	1
Female	88	29	2	8
<i>(d) Orthoptic Treatment</i>				
Orthoptic Clinics	Yes	Yes	Yes	No
Surgeon in Charge	Yes	Yes	Yes	—
Consulting Orthoptists	—	Yes	—	—
Full-time Orthoptists	—	1	—	—
Part time Orthoptists	2	1	—	—
Orthoptic School	Yes	Yes	—	—
No. of Students	4	6	—	—

2. Intermediate Hospitals.

(O) *Horton General Hospital, Banbury*. In 1938 there was one visiting honorary surgeon primarily engaged in practice outside the region. The out-patient clinic was restricted to consultations, no refractions being undertaken.

This position continued until November, 1943, when temporary arrangements were made for a surgeon to be sent from the Oxford Eye Hospital to Banbury on a salaried sessional basis to undertake both refractions and general consultations.

- | | |
|--|---|
| (R) <i>Newbury District Hospital</i> . | Visiting Ophthalmic Surgeon from Reading. |
| (B) <i>High Wycombe and District War Memorial Hospital</i> . | } No visiting ophthalmic surgeon
No out-patient clinics. |
| (B) <i>Chalfonts & Gerrards Cross Hospital</i> | |
| | } No beds specifically allocated for eye cases. |

(B) *Maidenhead Hospital*. 1 Visiting surgeon from London, 1938: (2 in 1943): 1 out-patient clinic weekly: No beds specifically allocated for eye cases.

3. Other Hospitals.

Visiting ophthalmologists attend the following hospitals to see in-patients when required. There are no other facilities at these hospitals, and no facilities at any of the remaining hospitals in that part of the region included in this survey (i.e. Savernake and Swindon are excluded).

Frimley and Camberley; Henley; Yateley; Chesham.

4. Ophthalmic Surgeons in Active Practice or Visiting (V).

(a) KEY HOSPITALS:

- (O) *Oxford*: (4). Miss Ida Mann, D.Sc., F.R.C.S.; Mr. A. C. Houlton, M.B., B.Ch. (Cantab), D.O. (Oxon); and Mr. V. B. Purvis, M.B., B.S., D.O. (Oxon), D.O.M.S. Mr. P. E. H. Adams, F.R.C.S., D.O. (Oxon), (Consulting Surgeon).
- (R) *Reading*: (3). Mr. G. T. W. Cashell, F.R.C.S. (Edin.) (On Active Service); Mr. E. A. Dorrell, F.R.C.S., and Mr. R. P. Brooks, F.R.C.S. (Edin.), (Consulting Surgeons).
- (B) *Windsor*: (2). Major J. H. Gurley, O.B.E., M.R.C.S., L.R.C.P., and Mr. T. Collyer Summers, F.R.C.S.
- (B) *Aylesbury*: (2). Mr. H. Ridley, F.R.C.S., and Mr. R. C. Williams, M.R.C.S., L.R.C.P.

(b) INTERMEDIATE HOSPITALS:

- (O) *Banbury*: (1). Miss Winifred Fish, M.R.C.S., L.R.C.P., D.O.M.S.
- (R) *Newbury*: (1). Mr. G. T. W. Cashell, F.R.C.S. (Reading, V).
- (B) *Maidenhead*: (2). Mr. B. W. Rycroft, M.D., D.O.M.S., F.R.C.S. (Lond.); and Mr. P. I. Tierney, M.B., B.Ch., D.O.M.S. (Lond.).

(c) OTHER HOSPITALS:

- (R) *Frimley and Camberley*: (1). Mr. L. B. Hartley, M.B., CH.B. (Camberley, V).
- (R) *Henley*: (1). Mr. G. T. W. Cashell, F.R.C.S. (Reading, V).
- (R) *Yateley*: (1). Mr. L. B. Hartley, M.B., CH.B. (Camberley, V).
- (B) *Chesham*: (1). Dr. N. Gardener, D.O.M.S. (Watford, V).

Also practising in the region but not attached to hospitals in the region:

- (R) *Newbury*: Mr. H. Goodwyn, F.R.C.S.
- (B) *Windsor*: Mr. C. V. B. Tait, M.B., B.S., D.O.M.S.
- (B) *High Wycombe*: Mr. F. L. Stallard, F.R.C.S. (Lond.): also Mr. V. B. Purvis, M.B., B.S., D.O., D.O.M.S. (Oxford, V).
- (B) *Beaconsfield*: Dr. C. Orr Ewing.

5. Ophthalmic Medical Practitioners in the Region who are on the list of the National Ophthalmic Treatment Board.

(Those marked with a * are also on the foregoing list).

- (O) *Oxford*: (6). Dr. Thomasina Belt; Dr. E. A. Franklin; *Mr. A. C. L. Houlton, M.B., B.Ch., D.O.M.S.; Dr. B. H. Longton; *Mr. R. C. Williams M.R.C.S., L.R.C.P.; *Miss Winifred Fish, M.R.C.S., L.R.C.P., D.O.M.S.
- (O) *Headington*: (1). Dr. W. R. Terry.
- (O) *Banbury*: (1). Mr. E. Ll. Howell-Jones, M.R.C.S., L.R.C.P.
- (O) *Bicester*: (1). Dr. Thomasina Belt.
- (R) *Reading*: (6). Dr. E. M. Maclachan; Dr. C. T. Marshall; Dr. C. Martin Doyle; Dr. H. Parry-Price; Dr. G. L. Simmons; and Dr. R. W. Squires.
- (R) *Caversham*: (1). Dr. E. V. Beal.
- (R) *Newbury*: (2). *Mr. H. Goodwyn, F.R.C.S.; and Dr. E. M. Maclachan.
- (B) *Aylesbury*: (3). *Mr. H. Ridley, F.R.C.S.; Mr. C. Yow, M.D. (Clin. Oph.) Edin.; and Mr. R. C. Williams, M.R.C.S., L.R.C.P.
- (B) *Beaconsfield*: (1). *Dr. C. Orr Ewing.
- (B) *Gerrards Cross*: (1). Dr. L. H. Smith Clark.
- (B) *High Wycombe*: (2). *Mr. V. Purvis, M.B., B.S., D.O., D.O.M.S.; and *Mr. P. L. Stallard, F.R.C.S.
- (B) *Linslade*: (1). Dr. C. J. Sharp.
- (B) *Maidenhead*: (2). Dr. R. H. Rushton; and *Mr. B. W. Rycroft, F.R.C.S.
- (B) *Marlow*: (1). Dr. P. H. P. Wills.
- (B) *Slough*: (1). *Mr. C. V. B. Tait, M.B., B.S., D.O.M.S.
- (B) *Windsor*: (1). *Mr. C. V. B. Tait, M.B., B.S., D.O.M.S.

SUMMARY OF (4) AND (5).

(a) No. of Ophthalmic Surgeons normally engaged in active practice and on hospital staffs in the region	14
(b) No. of Ophthalmic Surgeons normally engaged in practice in the region, but not attached to hospitals in the region	6
(c) No. of Ophthalmic Medical Practitioners on the National Ophthalmic Treatment Board List (allowing for duplication of names)	27
Of these, 7 are also included in (a) above, and 2 are also included in (b): the net number of Ophthalmic Medical personnel is therefore	38

6. Dispensing Opticians.

Ophthalmology differs from most other branches of medicine in that a considerable proportion of one of its most important features—refraction—is carried out by a well-organised but non-medical profession, the sight-testing opticians. It is necessary to take this factor into consideration.

The Oxford Eye Hospital has no arrangements for dispensing prescriptions and patients may go to an optician (either dispensing or sight-testing), of their own choosing, the hospital having no control or supervision over the results. The Royal Berkshire Hospital has arrangements with both dispensing and sight-testing opticians; the King Edward VII Hospital, Windsor, has arrangements with a dispensing optician, but patients are free to go elsewhere; and the Royal Bucks Hospital, Aylesbury, has recently contracted with dispensing opticians. The opticians at Banbury are on the National Ophthalmic Treatment Board list of Dispensing Opticians, but do not limit themselves to dispensing.

7. Access to Special Apparatus.

All the key hospitals in the region have access to special apparatus, although the Royal Bucks Hospital, Aylesbury, sends "magnet" cases to London.

8. Facilities for Consultation with other Departments.

These facilities exist at all the key hospitals in the region.

9. Teaching Centres.

Both undergraduate and post-graduate ophthalmic teaching is carried out at the Oxford Eye Hospital, but at no other hospital in the region. The Oxford Eye Hospital is also the only hospital in the region where nurses may obtain the ophthalmic certificate. There are orthoptic schools at the Oxford Eye Hospital and the Royal Berkshire Hospital, Reading.

PART II

OUTLINE OF A REGIONAL OPHTHALMIC SERVICE.

Before proceeding to make recommendations with regard to the development on a regional basis of the ophthalmic services of the region, it seems desirable to outline the facilities which ought to be provided in a fully integrated regional ophthalmic service. These are as follows:—

1. Consultation by appointment with an Ophthalmic Surgeon, for all categories of patients, as near as possible to their homes, so as to avoid unnecessary travelling and waiting.

2. In-patient and out-patient treatment for all categories of patients in properly equipped hospitals.

3. School refraction clinics in suitably equipped premises, preferably organised through the Regional Centre and held in the out-patient departments of hospitals.

4. Orthoptic treatment (i.e., squint training) clinics in association with school refraction clinics.

5. Special apparatus, e.g., magnet, short-wave treatment, operative diathermy, X-ray localisation, ultra-violet light, and slit-lamps at all key hospitals.

6. Facilities for bacteriological and pathological examinations.

7. Facilities for consultation with other departments, and for dental treatment.

8. Accurately dispensed spectacles at reasonable prices.

9. Facilities for fitting and supplying artificial eyes, contact lenses, and prostheses.

10. Facilities for certification of blindness.

11. Trained almoners at all key hospitals and other hospitals where possible, adequate liaison with the National Institute for the Blind, and facilities for the education of partially sighted or blind children and adults.

12. A University Centre for both undergraduate and post-graduate study of ophthalmology, in which could be held scientific meetings, and meetings for the discussion of ophthalmic matters concerning the region.

13. Facilities for research, both at the regional centre and elsewhere in the region.

14. A training school for ophthalmic nurses.

15. A training school for orthoptists.

PART III

RECOMMENDATIONS.

1. Organisation on a Regional basis.

The Sub-Committee recommends that the ophthalmic services of the region which at present comprise a number of separate and unrelated units, should be re-organised and extended on a regional basis. This reorganisation would be most easily realisable by the creation of a Regional Ophthalmic Centre at Oxford (The Oxford Eye Hospital), closely linked with the ophthalmic units at the key hospitals at Reading, Windsor and Aylesbury; the development of existing ophthalmic units (or the creation of new ones) at the intermediate

hospitals at Banbury, Newbury, Maidenhead and High Wycombe; and the establishment of subsidiary out-patient clinics at some or all of the cottage hospitals.

2. The Regional Centre.

The Regional Ophthalmic Centre should be an ophthalmic hospital housing a university department of ophthalmology, with its accompanying facilities for consultation teaching and research. The Oxford Eye Hospital is fitted to act in this capacity, since it will shortly be the seat of a university department, and already possesses research laboratories and holds courses of instruction. It is proposed to build a new and larger hospital and to provide treatment for all categories of patients, including consultations and investigations on difficult and obscure cases sent up from other hospitals and clinics in the region. The hospital staff would consist partly of the personnel of the University Department and partly of honorary surgeons and clinical assistants.

3. The Key Hospitals.

The key hospitals at Reading, Windsor and Aylesbury are general hospitals with ophthalmic departments (including beds) staffed by their own honorary ophthalmic surgeons. Reading already has an Orthoptic School and some facilities for research.

4. Intermediate Hospitals.

The ophthalmic departments at the intermediate hospitals at Banbury, Newbury, Maidenhead and High Wycombe should be under the control of the hospitals concerned and staffed either by their ophthalmic surgeons or by visiting staff from the regional or key hospitals. They should be linked to their appropriate key hospitals for purposes of consultation, access to special departments and apparatus and the like.

5. Subsidiary Clinics.

The subsidiary clinics at the cottage hospitals should be adequately equipped, and should be linked to their appropriate key hospitals. They should be available to local ophthalmic medical practitioners on the list of the National Ophthalmic Treatment Board, who should be responsible, either directly or in conjunction with visiting ophthalmic surgeons from the appropriate key hospitals, for the working of the clinics. These practitioners should also be encouraged to act as clinical assistants to the regional or key hospitals. *Ideally every doctor practising ophthalmology in the region should be attached to a hospital*, so as to be able to maintain collaboration, keep up-to-date in their knowledge of the specialty, and benefit by attendance at meetings, discussions and lectures. This is essential for satisfactory work.

6. Appointments: Categories of Patients.

All the out-patient departments and subsidiary clinics should be organised on the basis of appointments for all patients, and the facilities provided should be available for all classes of patient. Wherever possible the financial grading of patients attending the departments and clinics should be done by a trained almoner.

7. School Refraction Clinics.

It would be an advantage if the school refraction clinics could be held in the departments and clinics described above; as in this way the ophthalmic work of the region would be unified and duplication of equipment and waste of time in travelling avoided.

8. Orthoptics.

Both Oxford and Reading have orthoptic schools, and Windsor has an orthoptic department. The Newbury Borough Council has an Orthoptic Clinic in connection with the School Eye Clinic. It is recommended that an orthoptic department should be established at Aylesbury, and that orthoptic clinics be inaugurated at the intermediate hospitals and at certain of the subsidiary clinics, preferably in conjunction with the school refraction clinics.

9. Dispensing of Spectacles.

The Sub-Committee recommend that consideration should be given to the possibility of devising regional machinery for the fitting and supply of spectacles at all hospitals and clinics. It is considered that the present arrangements are far from satisfactory, and that an ideal solution would be the setting up of a regional organisation which would supply all spectacles and employ its own dispensers and fitters. In this way control could be exercised over the accuracy and quality of the spectacles provided, as well as over the prices charged for them.

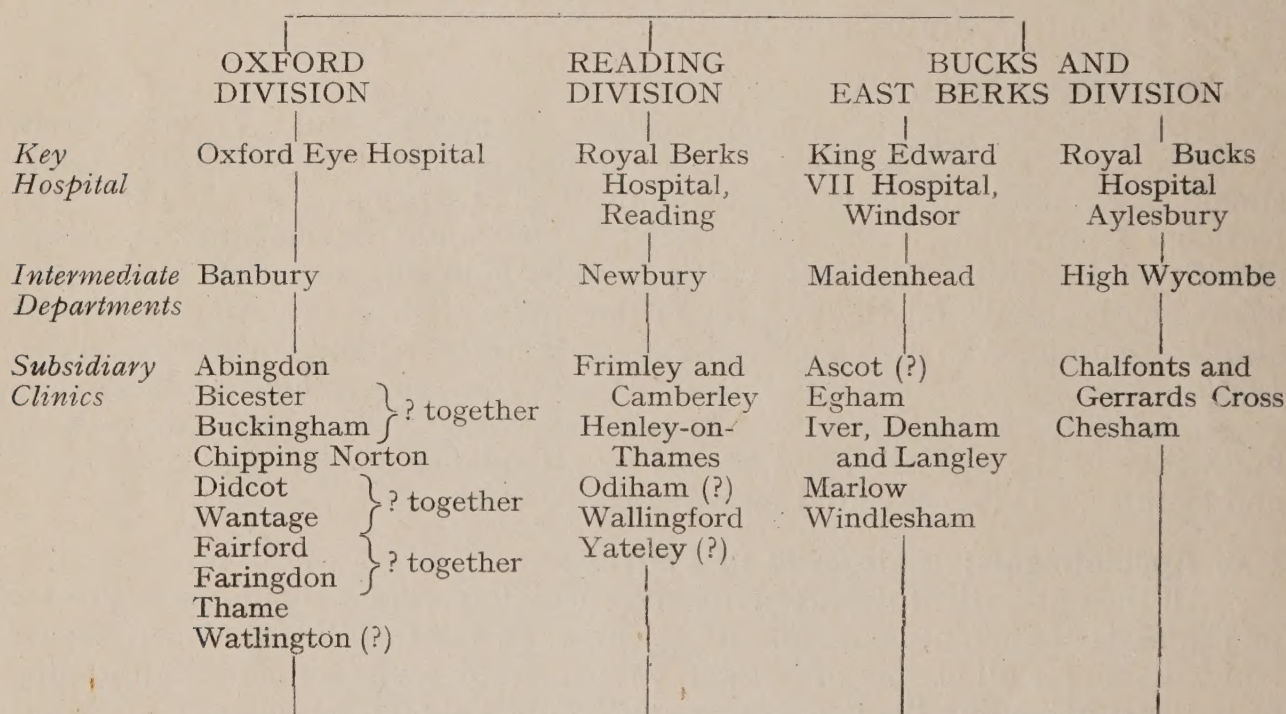
10. General.

There would seem to be some need for the establishment of myope schools, or sight-saving classes in local schools, a matter in which the region is somewhat behind. Also the facilities for bacteriological examinations in the remoter districts are capable of improvement, but on the whole it is felt that the nucleus of a regional scheme is already in being, and that, with the concurrence of the Regional Hospitals Council and its associated bodies, further organisation with these ends in view is possible in the near future. Financial assistance will, however, be necessary for the provision of adequate equipment.

11. Organisation.

The following diagram illustrates the type of organisation recommended above:—

REGIONAL CENTRE: OXFORD EYE HOSPITAL.



School Clinics. At any or all of the above hospitals by arrangement with the Local Authorities concerned.

Number of Beds. The Sub-Committee estimates the needs of the region for ophthalmic beds to be as follows:—

	<i>Present Number.</i>	<i>Number required.</i>
Oxford Eye Hospital	35	70
Royal Berks Hospital, Reading	21	50
King Edward VII Hospital, Windsor ..	9	40
Royal Bucks Hospital, Aylesbury ..	Not spec. allocated	20

A few beds would also be required at each of the intermediate hospitals at Banbury, Newbury, Maidenhead and High Wycombe.